

# National Bioterrorism Hospital Preparedness Program: Education and Training

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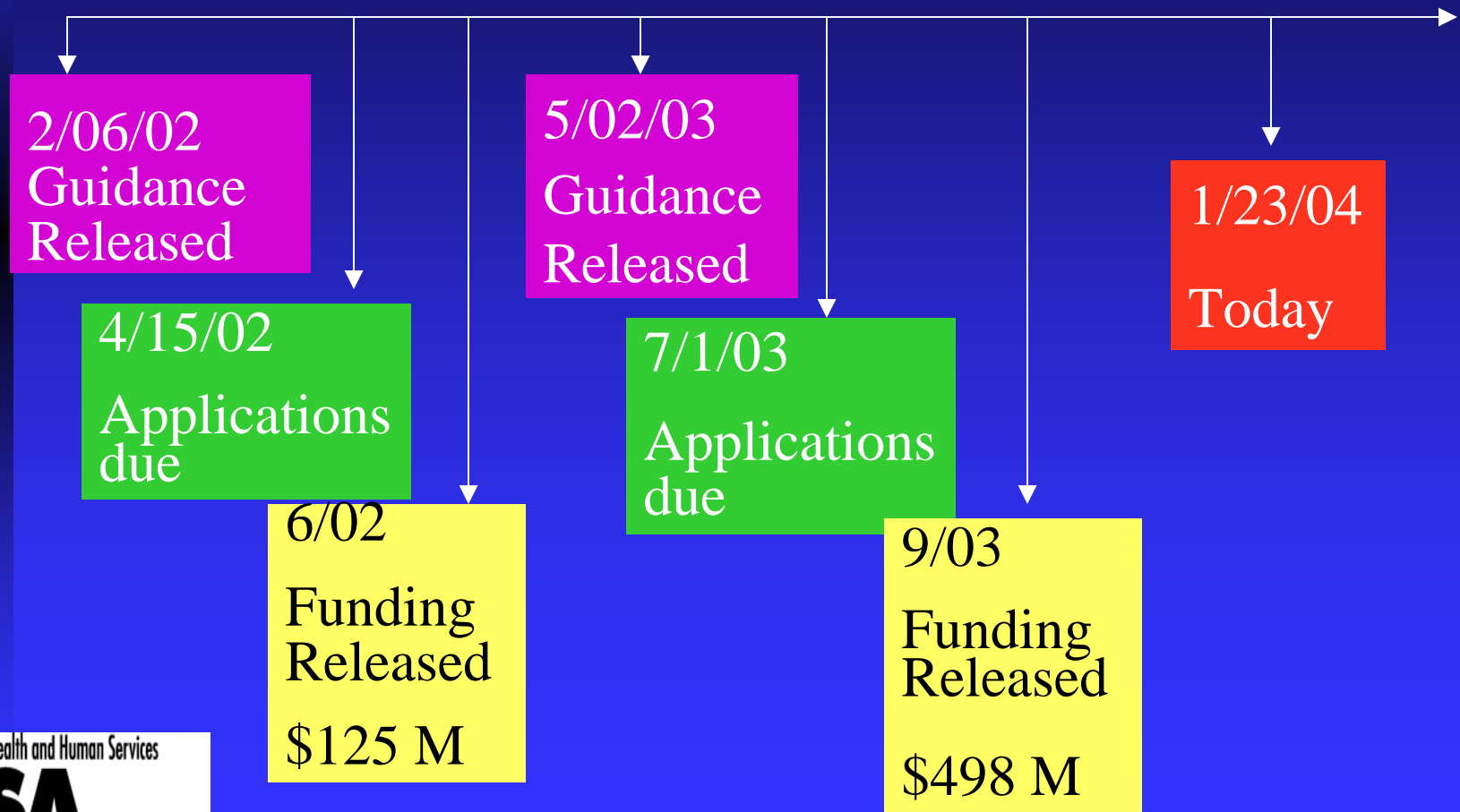
HRSA

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# Program Mission

Ready Hospitals and supporting health care systems to deliver coordinated and effective care to victims of terrorism and other public health emergencies

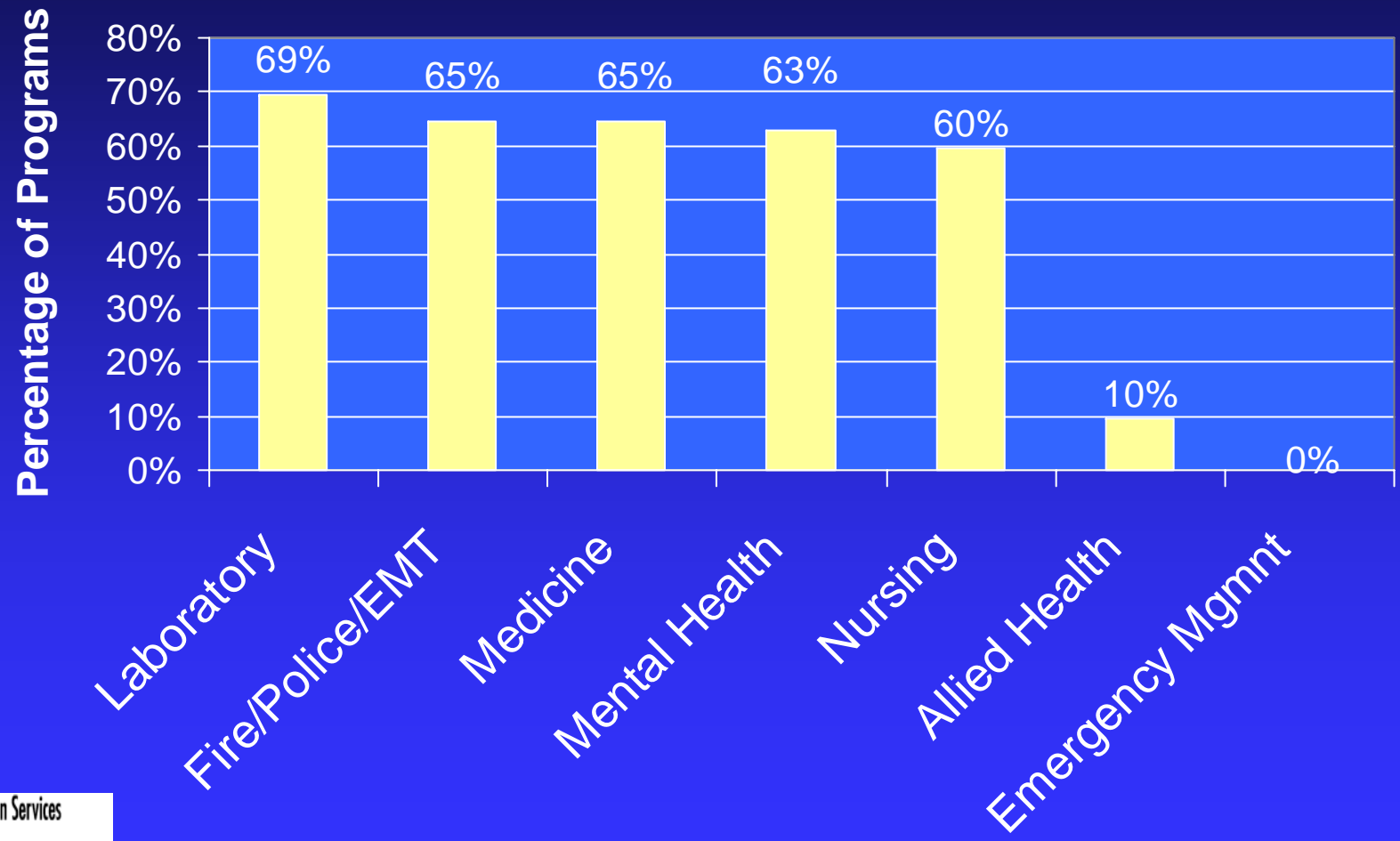
# History



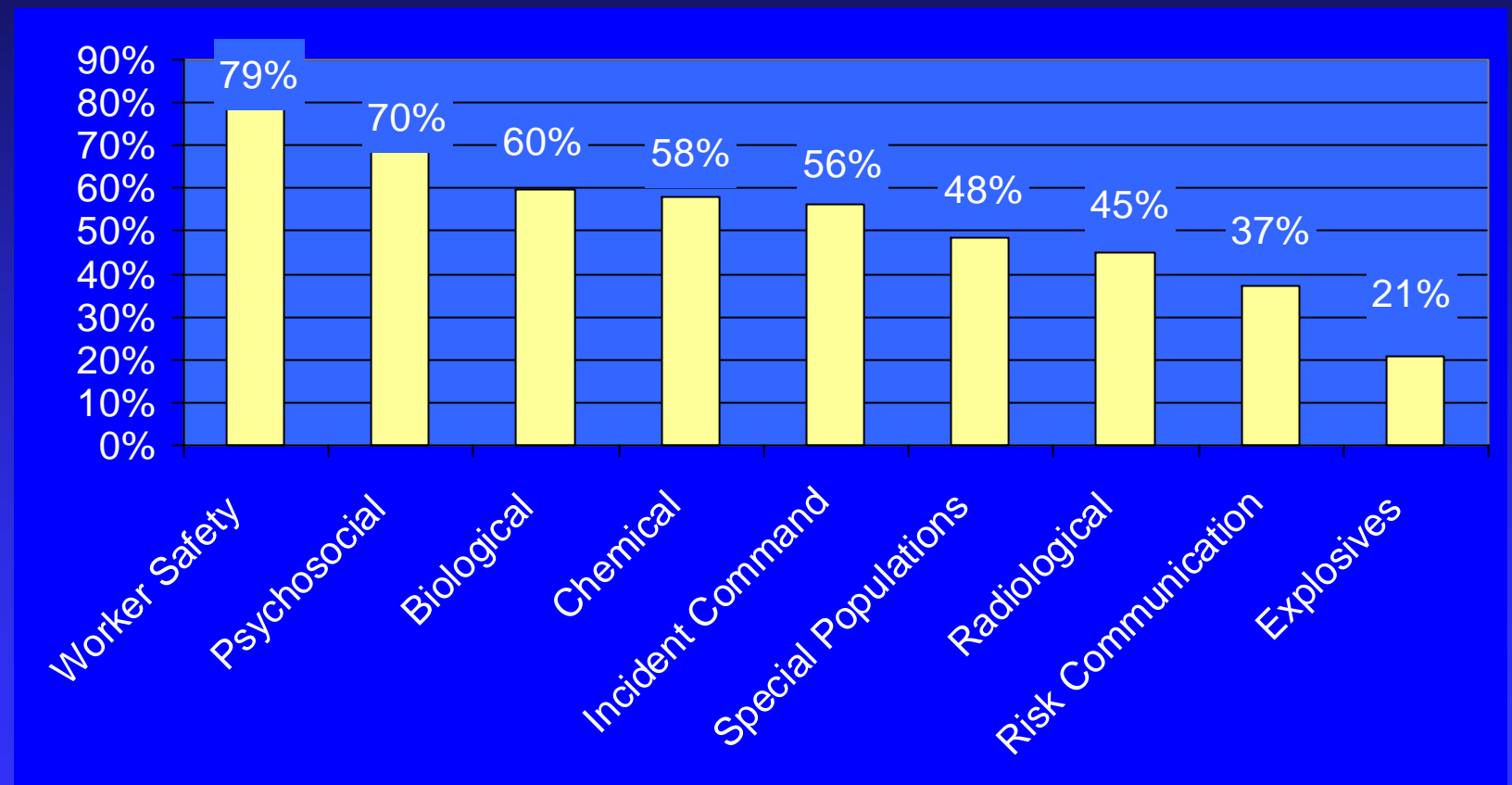
# Education and Training

- FY 02 Guidance – Secondary Priority
- FY 03 Guidance – Optional Benchmark #5
  - ◆ 89% of the jurisdictions addressed education and training directly.
  - ◆ 100% described educational activities

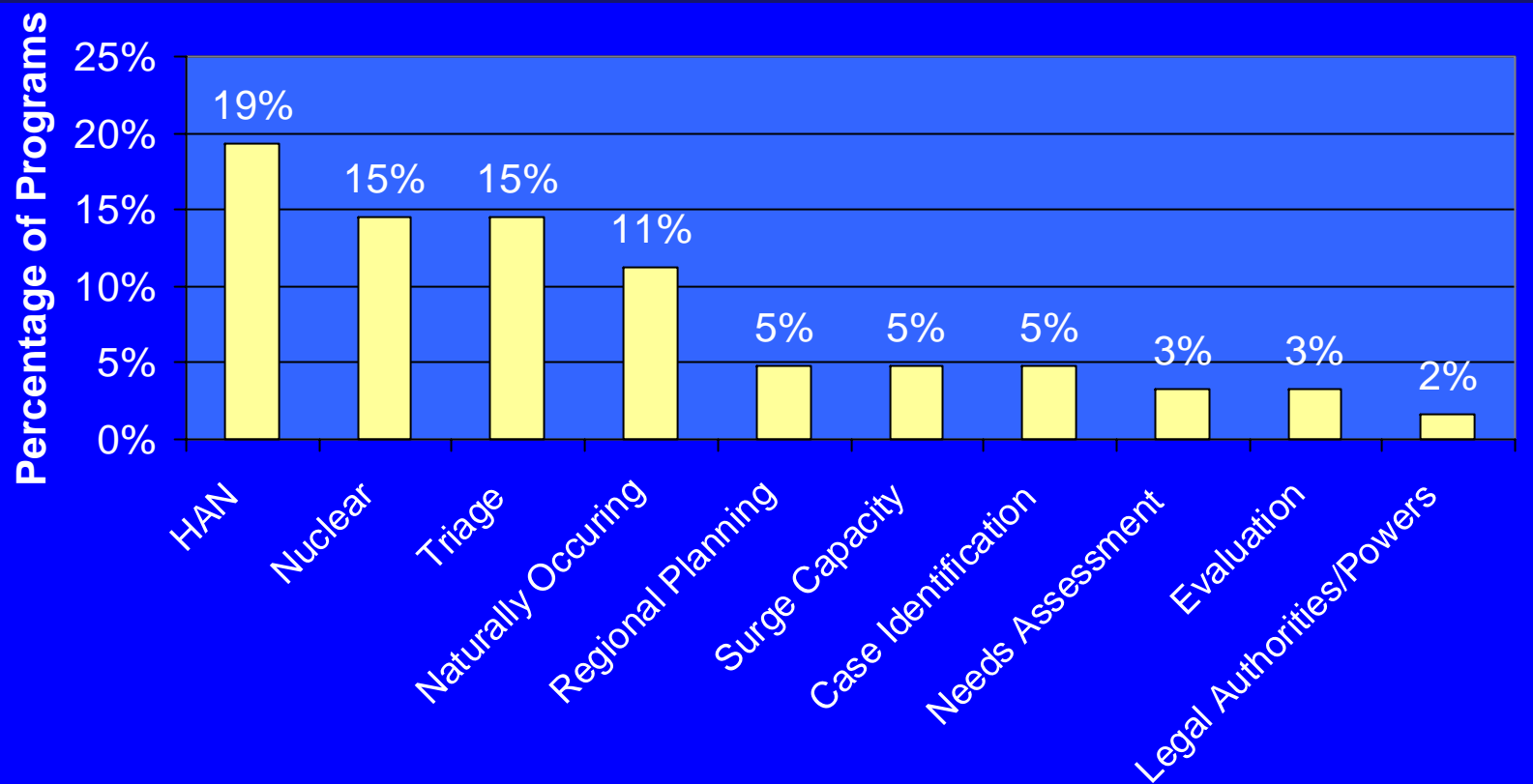
# Targeted Trainees



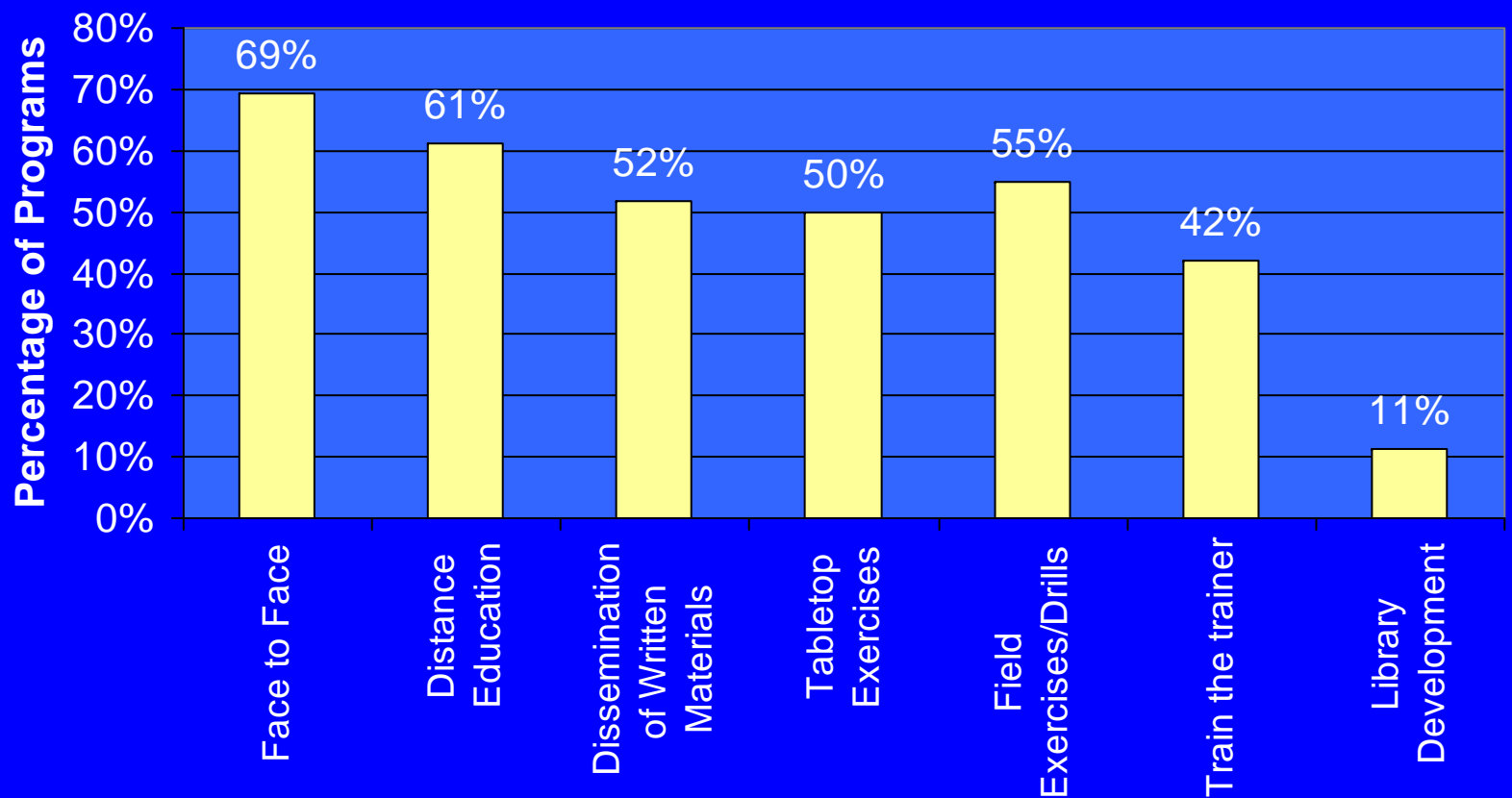
# Topics Addressed



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# Educational Methodology





# “Volunteered Outcomes”

- Numbers Trained – 42,170
- Budgets devoted to training specifically- \$5,916,252

# The Over Riding Question

- What percentage of the Nation's health care workforce is prepared to respond competently to a public health emergency?
  - ◆ Federal Response Today
    - ◆ Progress reports- can't tell us
  - ◆ State and Local Response Today
    - ◆ Can't tell us
  - ◆ Providers Response
    - ◆ G. Caleb Alexander et al, Ready and Willing? Physician Sense of Preparedness for Bioterrorism, *Health Affairs*, Oct. 2003.

# Other Questions

- What are they being trained to do?
- When will the workforce report they are prepared and how will they know?
- How will the government know when “preparedness” has been achieved or to what degree?

# Future Direction

- Assist awardees in transforming BT education from a focus on content alone
  - ◆ Small Pox
  - ◆ Anthrax
  - ◆ Radiation Illness
- to Competencies
  - ◆ All hospital employees should be able to describe their emergency response role and be able to demonstrate it during drills or actual emergencies.

# Existing Bioterrorism Competencies

- Public Health
- Medicine
- Nursing
- EMS
- Hospital Based employees
- Hospital Administrators



# Expected Benefits of Competency-Based Education

- Programmatic definition and differentiation
- Increased focus on obtaining the answers to the real question:
  - ◆ What percentage of our health care workforce is prepared to respond?
- Increased relationship between training and workplace applicability
- Training outcomes are observable and therefore measurable



- Improved transferability and comparability of training
  - ◆ Educational mapping
- Efficiency in resource utilization
- Clearer definition of health care provider preparedness
- Expensive drills will have added utilization.

